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1.0 Policy:

It is the policy of Apollo Hospitals, Secunderabad to utilize an interdisciplinary approach to the management of pain in order to eliminate or minimize the effects of pain. The patient's report of pain shall be accepted as the key indicator of the severity and extent of pain experienced. While acknowledging that all forms of pain cannot be controlled in all patients 100% of the time, every effort shall be made by the clinical team to:

- § Assess the patient relative to the effect of pain during the course of his/her illness/recovery process in order to promote an efficient and comfortable recovery.
- § Educate the patient and family to various forms of pain management techniques, and promote competencies within the area of pain management striving to improve or enhance methodologies to control pain.

2.0 Definitions:


2.1 Acute Pain:

Any pain of less than 6 weeks duration

2.2 Chronic Pain:

Any pain of more than 6 weeks duration

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3.0 Assessment:

The scope and complexity of care shall be determined through the assessment and evaluation of patients currently experiencing or expected to experience pain symptoms.

Patients and “significant-others” shall receive easily accessible pre-therapy consultation with an anesthesiologist as requested by the Treating Physician to discuss the patients’ options and to determine the appropriateness of therapy.

Assessment criteria used to establish the patient care needs may include, but are not limited to,

- § clinical presentation
- § diagnostic testing
- § patient interview
- § the patient’s past experience with pain
- § information obtained from “significant others”

4.0 Pain rating and pain assessment:

- <4 No Intervention
- =4 Intervention – Comfortable measures as advised by the doctor.
- >4 Intervention – Comfortable measures as advised by the doctor.

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4.0.1 Principles' of intervention /patient education

4.1.1 Provide patients/family with verbal and written information about pain management.

4.1.2 Teach patients/families to use a pain rating scale that is age, condition, and language appropriate for reporting pain intensity and that the goal of pain management is prevention.


4.1.3 Teach patient/family pharmacologic and non-pharmacologic interventions.

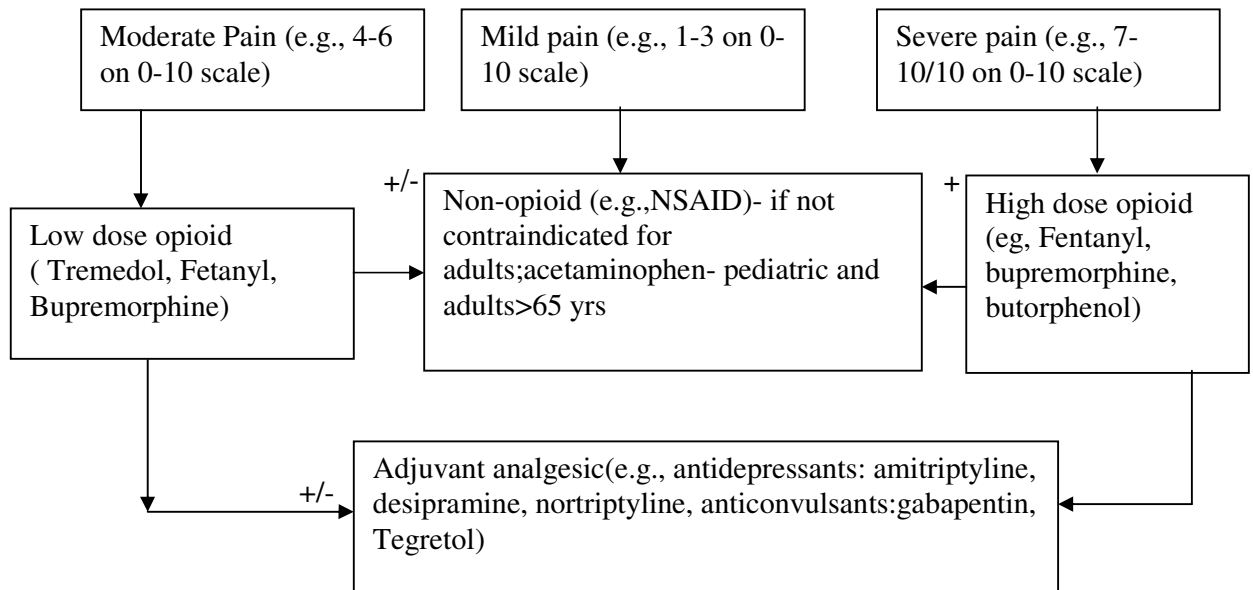
4.1.4 Develop an individualized pain management plan which includes the patient's goal for pain management, patient preferences for treatment, age, type of pain, risk for cognitive impairment, history of chemical dependency, chronic pain and cultural beliefs and practices.

4.1.5 The physician should be notified of pain that remains at a 4 or greater or higher than the patient's comfort level.

4.1.6 A guide to pharmacologic interventions with acute pain. See diagram below.

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4.1.7 Choose IV or PO routes instead of IM for administering pain medications.


4.1.8 Prevent, anticipate, and institute aggressive treatment for pain before, during, and after all painful diagnostic and/or therapeutic procedures.

4.1.9 Pain management resources include Pharmacy.

The presence of pain shall be assessed on admission to the hospital, post invasive procedure and when the patient complains of pain. This assessment shall be performed by a resident physician and/or nurse and documented in the medical record.

If pain is present, a more comprehensive assessment shall be performed, including, but not limited to:


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- a. pain location
- b. intensity
- c. character
- d. duration
- e. what improves pain
- f. what increases pain
- g. pain management history

- 4.1 The patient's report of pain shall be accepted and respected as the key indicator of the amount of pain he/she is experiencing.
- 4.2 The medical/nursing staff shall assign the rating only if the patient is unable to report their pain.
- 4.3 The Wong-Baker FACES Pain Scale [WBF], consisting of graduated facial expressions of pain, shall be used for patient's aged above 5 years or above and for those below 5 years a FLACC scale shall be used. For comatose patients a Behavioral Pain Scale shall be used.
- 4.3.1 If pain is present, the physician shall be notified and pain assessment shall be performed as often as needed by a licensed physician / nurse.

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4.4 If no pain is present, the physician / nurse reassesses the patient for pain as warranted by patient condition, when the patient complains of pain specifically in a post-invasive procedure situation.

4.5 All reassessments and interventions shall be documented in the medical record.

5.0 Patient/Family Education

When appropriate, patients and families are instructed by the medical/nursing staff regarding

- a. Pain
- b. Risk factors for pain
- c. The importance of effective pain management
- d. Use of the appropriate pain assessment scale and process
- e. Methods for pain management when identified as part of treatment.
- f. Education is documented in the medical record.

6.0 Implementation

1. Therapy shall be implemented to minimize the level of pain. The plan shall be expanded from the initial therapy consistent with the diagnosis.

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2. Patients and attendant shall receive pre-therapy instruction by the appropriate staff regarding the method or therapy selected.

3. Patients shall receive pain management that is individualized based on patient feedback / objective signs, as to his/her rating.

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